BEST AVAILABLE COPY

			Clober 1, 2	-	•	1	40	156	00-
	CLAI	MS AS F	ILED - PART		10/50898				
TOTAL CLAIMS			(Column 1) (Column 2)		Smal Type	SMALL ENTITY		OTH	ER THA
FOR					RAT		OF.	SMAI	LL ENTI
			NUMBER FILED	NUMBER EXTE			-	RATE	
TOTAL CHARGEABLE CLAIMS			minus 20=	• .				BASIC F	RE (
INDEPENDENT CLAIMS		1	minus 3 =	,	XS 9	-	ÖR	X\$16:	. / -
MULTIPLE DEPENDENT CLAIM PR			NT		X43:		OR	X86=	
· If the differ	ence in column			<u> </u>	- 145.				+
* If the difference in column 1 is k			lhan zero, enter '	TOTAL		JORL	-290=		
7-24-04	CLAIMS A	IS AMEI	NDED - PART	u		L	OR	TOTAL	421
4	CLAIMS		(Coturps		31 SMALL	ENTITY	OR	OTHE!	ENTITY
È	REMAINU	-	MUMBE	R PRESEN		ADDI-	ĪΓ		ADÓI
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2-14-0	(Column 1	•	•		ADDIT, FEE		OR AD	TOTAL OIT, FEE	
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Total	. /2-	Minus	PAID FOR	CAIM	- I I I	TIONAL FEE	R	ATE	TIONAL FEE
incependent	1. 7	Minus	- 20	-0	XS 9₌		R X	518=	0
FIRST PRES	ENTATION OF A	MULTIPLE	DEPENDENT CLA	-0	X43=			-+	
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	(Column 1)				ADDIT FEE			FEE_	0
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Total		Minus	PAID FOR			EE	RA		IONAL FEE
ndependent		Micros	-	=	X\$ 9=	OR	XSI		
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he entry in					1245	OR			
he "Highest Nun	ns 1 is less than the ober Previously Pai	entry in colo	uma 2 wile 10° in co IS SPACE is less that IS SPACE is less than	Comule	+145a	OR	+29		
e Highest Numt	er Préviously Paid	FO' TOTA	IS SPACE is less that IS SPACE is less that Is space is less that I had been dead is the	N 3, enter "3."	ADDIT, FEE	OR	TO ADDIT.	FEE	